



City of Torrance, Community Services Department Application for Home Improvement Program

Applicant: _____ **M / F**
(Full Name) (Age) (Gender)

Telephone: (home) _____ (mobile) _____

Address: _____

Type of Residence: (check one)

- ☐ Single Family Home ☐ Mobile Home
☐ Condo/Co-Op ☐ Other _____

Property Ownership Information

Applicant is: ☐ Owner ☐ Renter ☐ Other: _____

If applicant is not the owner, please provide owner's contact information:

(Name) (Phone)

Household Information:

Total number of occupants: _____ Number Disabled*: _____

If disabled, please describe: _____

Total household income*:

Prior year's wages and salaries: \$ _____ mo/yr

Social Security: \$ _____ mo/yr

Other*: (pension, welfare, County aid, etc.) \$ _____ mo/yr

*Please describe: _____

Total: \$ _____ mo/yr

**Proof of Income is required. Please provide a copy of your most recent IRS tax form.*

Description of improvements requested: _____

I hereby affirm that all of the information listed above is complete and accurate to the best of my knowledge.

(Applicant Signature)

(Date)

Please submit completed applications along with proof of income to the Community Services Department attention: Home Improvement Program, 3031 Torrance Blvd., Torrance 90503.

For more information call (310) 618-2930 or visit us at www.TorranceCA.Gov.

For staff use only:

Received: Proof of Income: ____ General Release Form: ____ Job #: _____ Date Completed: _____